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FILED
Jul 28, 1999 8:00 am
Secretary of State
07-28-1999 90003 020 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750879

1. Corporation Name

INDUSTRIAL ASSOCIATION OF DADE COUNTY, INC.

Principal Place of Business	Mailing Address
7100 NW 12TH ST SUITE 109 MIAMI FL 33126 US	7100 NW 12TH ST SUITE 109 MIAMI FL 33126 US

2. Principal Place of Business	2a. Mailing Address
21 1773 NW 79 AV	26 1773 NW 79 AV
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIAMI FLORIDA	28 City & State: MIAMI, FLORIDA
24 Zip 33126 / 25 Country USA	29 Zip 33126 / 30 Country USA

3. Date Incorporated or Qualified: 01/31/1980

4. FEI Number: 59-1988078 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GOMEZ, PAUL J
7550 NW 51ST TERRACE
POMPANO BEACH FL 33073

10. Name and Address of New Registered Agent

81 Name: ALEX MORALES
82 Street Address (P.O. Box Number is Not Acceptable): 1773 NW 79 AV
83
84 City: MIAMI FL 85 Zip Code: 33126

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: ALEX MORALES EXECUTIVE DIRECTOR [signature] 07/30/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SIGERMAN, MICAHEL	
STREET ADDRESS	5761 NW 37TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PDT	☐ DELETE
NAME	ARCE, LORENZO E	
STREET ADDRESS	10598 NW SOUTH RIVER DR	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	VDT	☐ DELETE
NAME	COLANGIELO, DEBBIE	
STREET ADDRESS	4500 N STATE RD 7, #305	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	
TITLE	TDT	☐ DELETE
NAME	HOWELL, J. LADD	
STREET ADDRESS	469 W 83RD ST	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	SDT	☐ DELETE
NAME	LANGER, ROGER E	
STREET ADDRESS	8901 N.W 7TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	DEBBIE COLANGELO	
1.3 STREET ADDRESS	1773 NW 79 AV	
1.4 CITY-ST-ZIP	MIAMI, FL 33126	
2.1 TITLE	VDT	☒ Change ☐ Addition
2.2 NAME	J. LADD HOWELL	
2.3 STREET ADDRESS	1773 NW 79 AV	
2.4 CITY-ST-ZIP	MIAMI, FL 33126	
3.1 TITLE	TDT	☒ Change ☐ Addition
3.2 NAME	ROGER E. LANGER	
3.3 STREET ADDRESS	1773 NW 79 AV	
3.4 CITY-ST-ZIP	MIAMI, FL 33126	
4.1 TITLE	SDT	☐ Change ☒ Addition
4.2 NAME	HORACIO S. AGUIRRE	
4.3 STREET ADDRESS	1773 NW 79 AV	
4.4 CITY-ST-ZIP	MIAMI, FL 33126	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED PRESIDENT COLANGELO 07/09/99 305 639-7970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

#1935

CR2E037 (11/98)